

**Terrace Security Corporation**  
Online Applications Management Console

201

Fig. 2

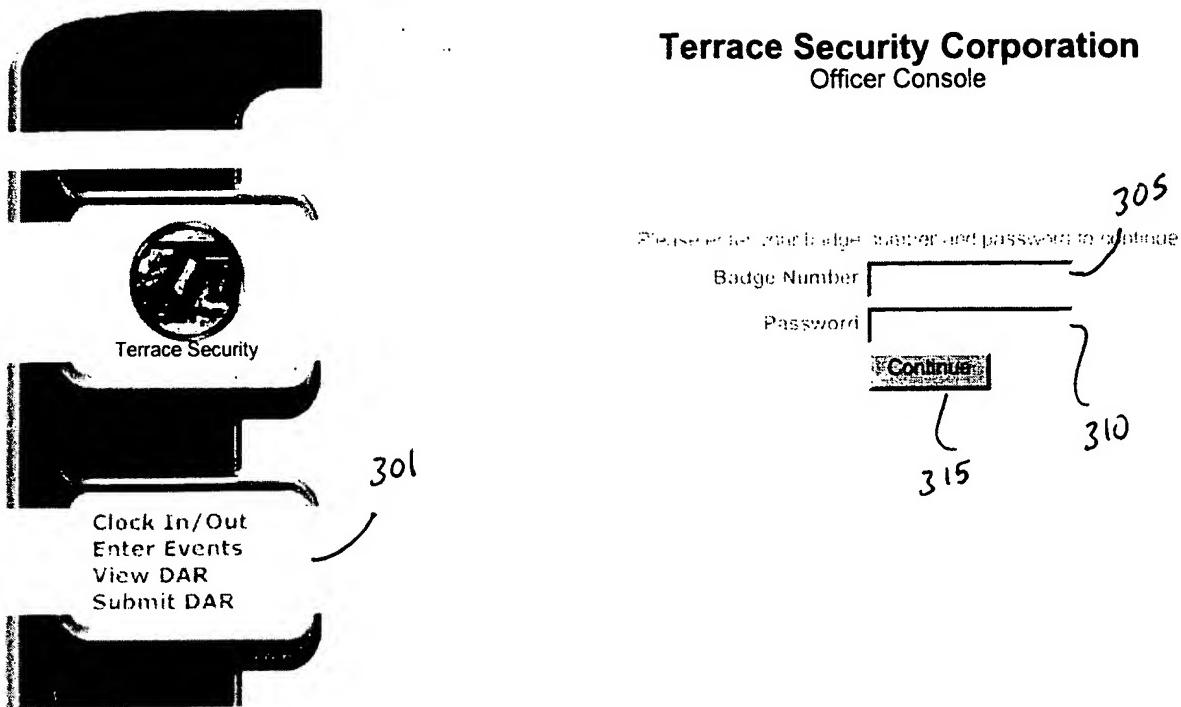


Fig. 3

**Terrace Security Corporation**  
Officer Console

Logged In: Neely, Bernard



*420*      **Clock In/Out**

Property	Time In
Terrace @ Willowbrook	<i>430</i>
Shift Code	Radio Number
<i>425</i>	
Comments	<i>435</i>
<input type="button" value="Clock In"/>	
<i>440</i>	

Fig. 4



## Terrace Security Corporation

### Officer Console

Logged In: Neely, Bernard

450

**Enter Event**

460	Open Shifts	461	462	463	464
Time In	Time Out	Shift Code	Property		
• 9:18:26 AM	9:22:00 AM	222	Terrace @ Willowbrook		
○ 9:39:48 AM	9:42:55 AM	1232	Terrace @ Willowbrook		

465

**Add Event**

470	471	472
Time Out	1 [▼] : 00 [▼] AM [▼]	Time In
473	474	

Event Code

1600 - Abandonment of a Child

480

Comments

490

Add

495

Fig. 4A

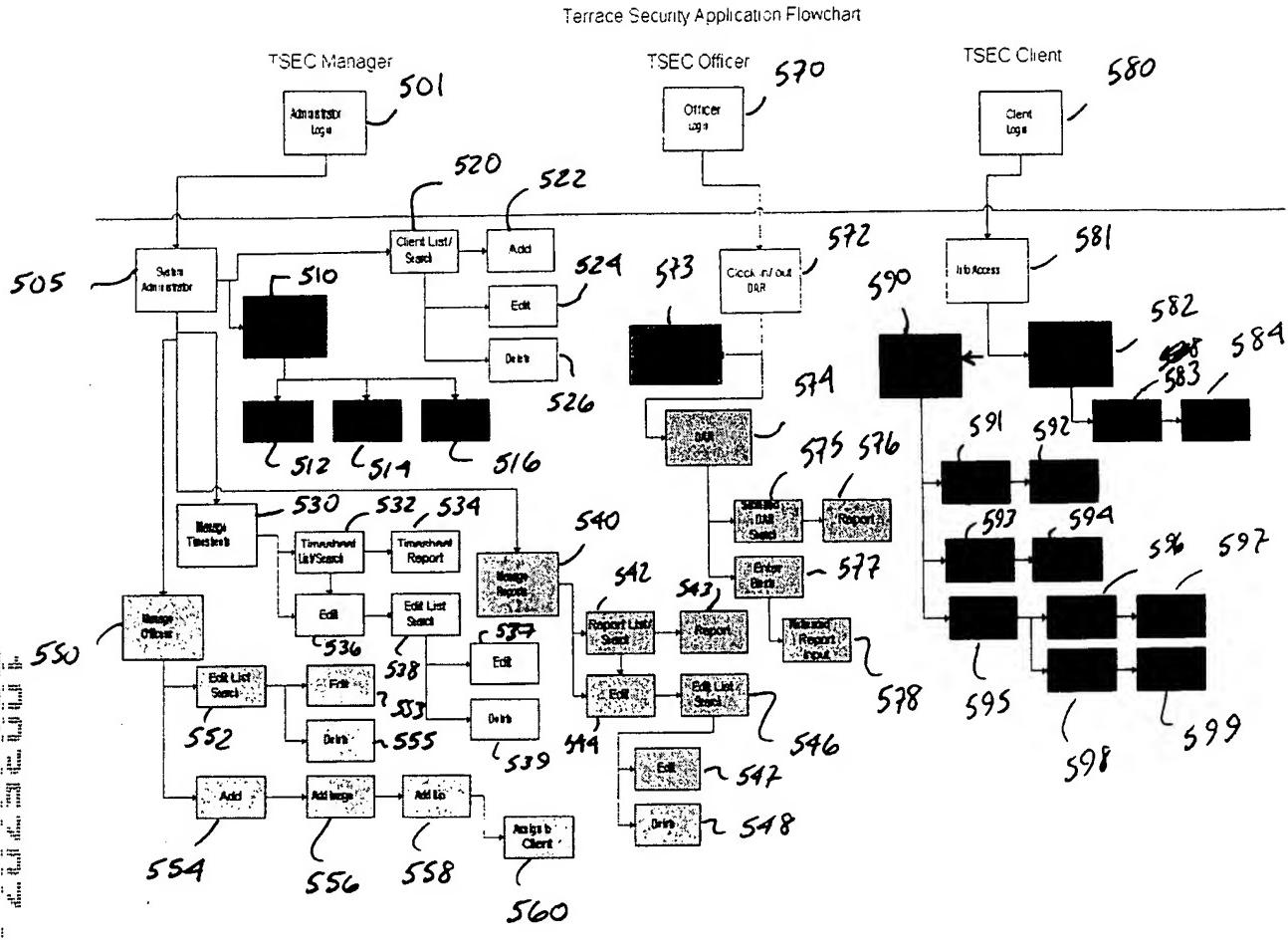


Fig. 5

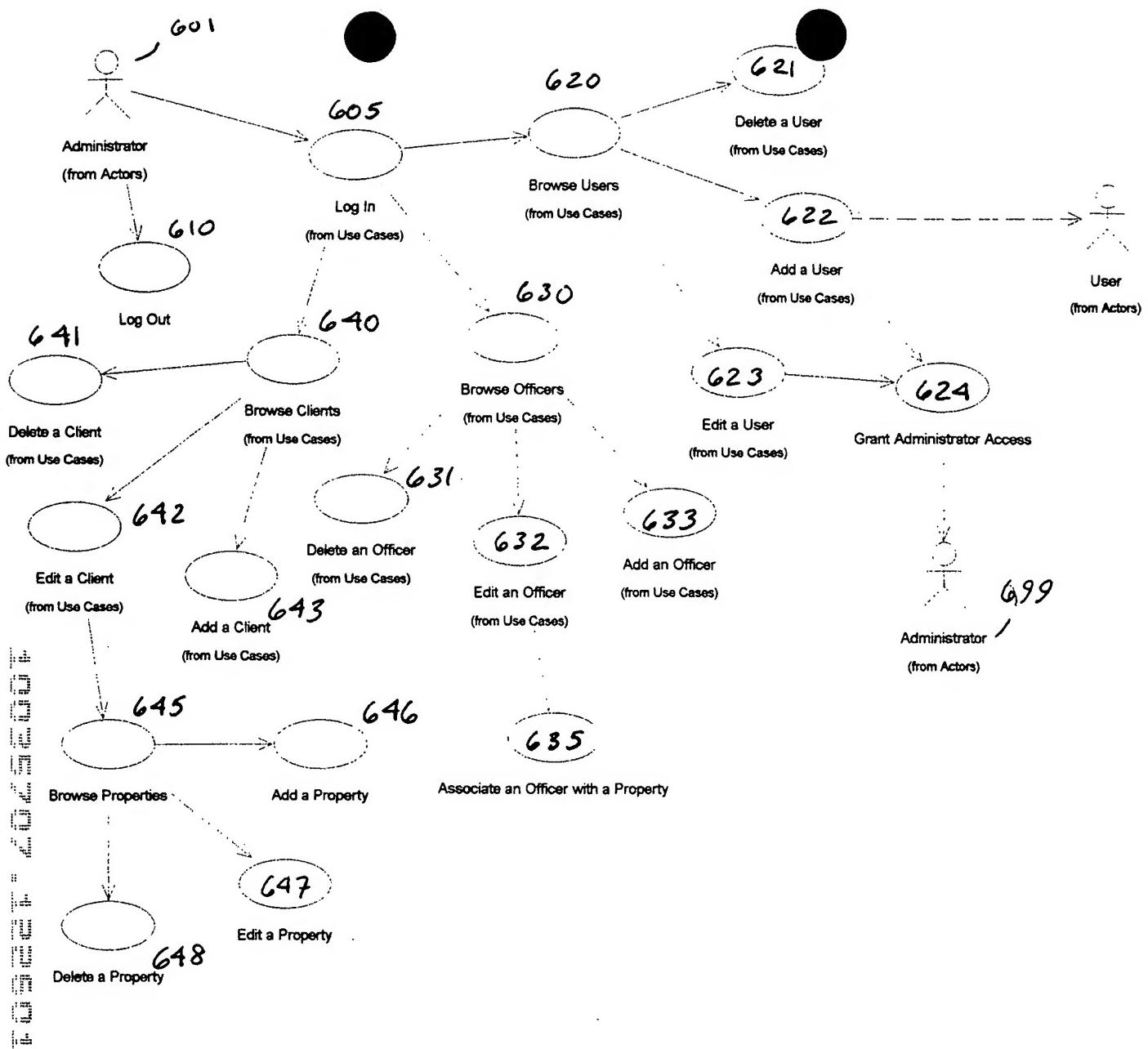


Fig. 6

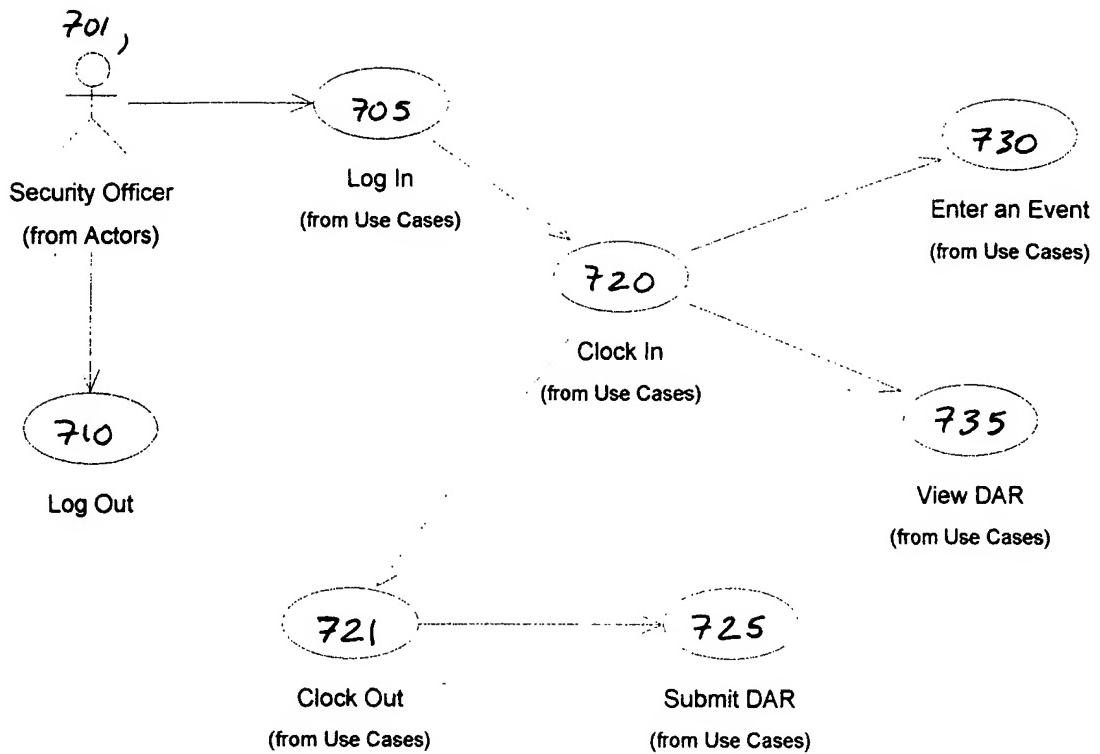


Fig. 7

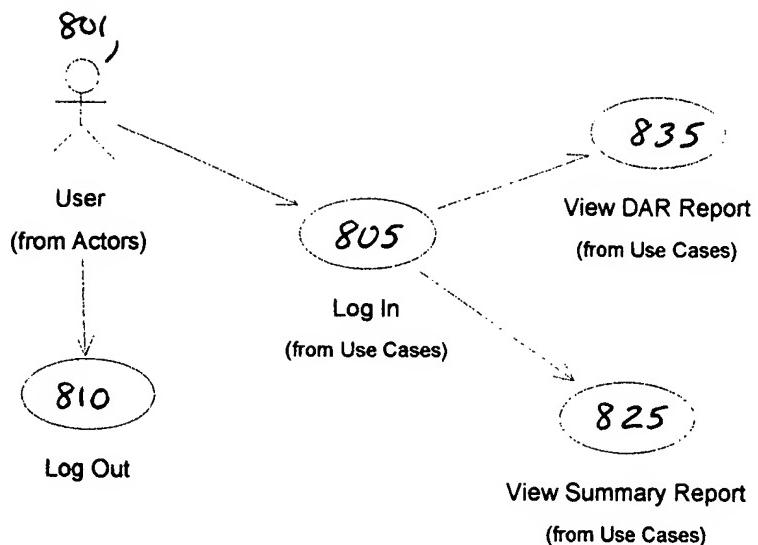
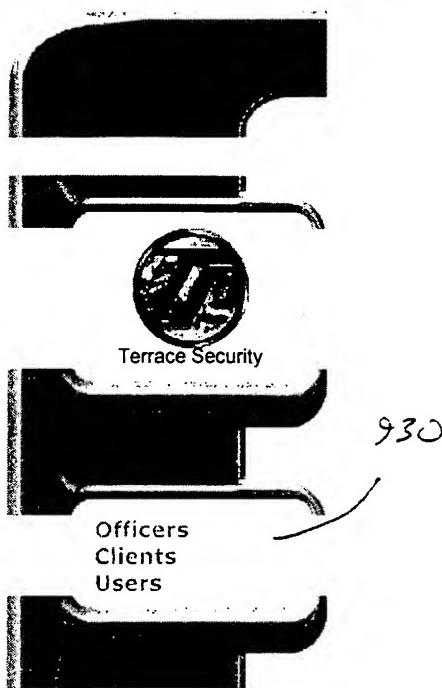


Fig. 8



**Terrace Security Corporation**  
Online Applications Management Console

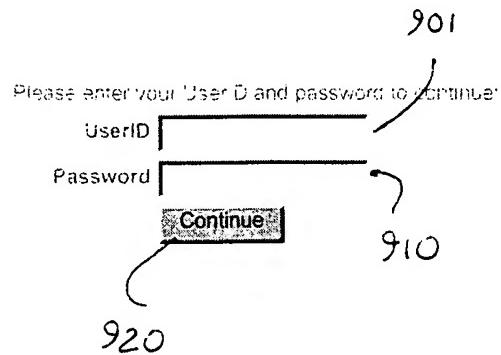


Fig. 9

**Terrace Security Corporation**  
Secured Reporting Console

Logged In: Borgman, Steve

## Daily Activity Report

Guard	Property	Date
<input type="checkbox"/> -All-	<input checked="" type="checkbox"/> -All-	<input checked="" type="checkbox"/> 11/22/2000
1010	1020	<input type="button" value="Show"/>
		1040

Terrace Security

1030

DAR  
Summary

Log Out

Fig. 10



**Terrace Security Corporation**  
Secured Reporting Console

Logged In: Borgman, Steve

**Daily Activity Report**

**Shift 1**

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 12:22:12 PM	10/12/2000 12:22:26 PM
Shift Code	Radio Number
dg	dfg
Comments	
dzfgd臧	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	2906	dfgdfg	
1:00:00 AM	1:00:00 AM	2918	sdf	

**Shift 2**

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:26 PM	10/12/2000 5:03:32 PM
Shift Code	Radio Number
123	123
Comments	
123	

Time In	Time Out	Code	Comments	IR
2:00:00 AM	1:00:00 AM	2927	123	

**Shift 3**

Guard	Post
Calamari, Manni	Memorial City Mall
Time In	Time Out
10/12/2000 5:03:51 PM	10/12/2000 5:04:54 PM
Shift Code	Radio Number
123	123
Comments	
12312312312321	

Time In	Time Out	Code	Comments	IR
4:00:00 AM	3:00:00 AM	2907	123123	

*Fig. 11A*

Shift 4

Guard Post  
 Calamari, Manni Memorial City Mall  
 Time In Time Out  
 10/12/2000 5:05:04 PM 10/12/2000 5:05:08 PM  
 Shift Code Radio Number  
 sfe sdf  
 Comments  
 asdfasd

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Shift 5

Guard Post  
 Calamari, Manni Memorial City Mall  
 Time In Time Out  
 11/16/2000 8:22:58 PM 11/17/2000 11:38:04 AM  
 Shift Code Radio Number  
 Comments

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607		
1:00:00 AM	1:00:00 AM	1601		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1603		
1:00:00 AM	1:00:00 AM	1604		
1:00:00 AM	1:00:00 AM	1605		

Shift 6

Guard Post  
 Calamari, Manni Memorial City Mall  
 Time In Time Out  
 11/17/2000 11:38:10 AM 11/17/2000 11:40:56 AM  
 Shift Code Radio Number  
 412 234  
 Comments

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1615	qwe	
1:00:00 AM	1:00:00 AM	1600		

Shift 7

Guard Post  
 Calamari, Manni Memorial City Mall  
 Time In Time Out  
 11/17/2000 11:41:05 AM 11/20/2000 8:01:52 AM  
 Shift Code Radio Number  
 SDF asf  
 Comments  
 xsg

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

Fig. 11B

Shift 8

Guard Post  
 Calamari, Manni Memorial City Mall  
 Time In Time Out  
 11/20/2000 8:02:02 AM 11/21/2000 3:12:03 PM  
 Shift Code Radio Number  
 tewt tet  
 Comments  
 asretae

Time In	Time Out	Code	Comments	IR
2:03:00 AM	5:00:00 AM	1604	comment	Y

Shift 9

Guard Post  
 Calamari, Manni Memorial City Mall  
 Time In Time Out  
 11/21/2000 3:12:18 PM 11/21/2000 3:17:34 PM  
 Shift Code Radio Number  
 wer werwer  
 Comments  
 erwer

Time In	Time Out	Code	Comments	IR
1:00:00 AM	2:00:00 AM	1610	comments	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y
5:00:00 AM	6:00:00 AM	1607	ar	Y

Shift 10

Guard Post  
 Calamari, Manni Memorial City Mall  
 Time In Time Out  
 11/21/2000 3:56:21 PM 11/21/2000 4:07:48 PM  
 Shift Code Radio Number  
 we wet  
 Comments  
 qr

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1607	comment	Y
8:00:00 AM	9:00:00 AM	1604		Y
1:00:00 AM	1:00:00 AM	1605	comment goes here...	Y
1:00:00 AM	1:00:00 AM	1600		Y
1:00:00 AM	1:00:00 AM	1600		Y

Shift 11

Guard Post  
 Calamari, Manni Memorial City Mall  
 Time In Time Out  
 11/21/2000 9:09:58 PM 11/22/2000 9:20:43 AM  
 Shift Code Radio Number  
 wr3 wer  
 Comments  
 wrwaer

Time In	Time Out	Code	Comments	IR
---------	----------	------	----------	----

*Fig. 11C*

Shift 12

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
10/12/2000 5:03:38 PM	10/12/2000 5:03:43 PM
Shift Code	Radio Number
123	123
Comments	
123123	

Time In	Time Out	Code	Comments	IR
7:00:00 AM	6:00:00 AM	2940	12312321	

Shift 13

Guard	Post
Calamari, Manni	property 1
Time In	Time Out
11/22/2000 9:21:02 AM	11/22/2000 9:24:03 AM
Shift Code	Radio Number
1234	12345
Comments	
comment goes here	

Time In	Time Out	Code	Comments	IR
1:00:00 AM	1:00:00 AM	1601	comments for the event go here	

Fig. 11D

**Terrace Security Corporation**  
Online Applications Management Console

Logged In: Borgman, Steve

**Officer Admin**

Last Name	First Name	Badge #	Bio
<input checked="" type="radio"/> Calamari	Manni	111	Cobol teacher
<input type="radio"/> Melancon	Robb	555	
<input type="radio"/> Officer	New	999	
<input type="radio"/> Samson	Freddie	333	editreee
<input type="radio"/> Waggoner	Ian	19	Me
<input type="radio"/> Whipple	Steve	222	

1210

[Edit Selected Officer >>](#) [Delete Selected Officer](#)

-OR-

[Add New Officer](#)Officers  
Clients  
Users  
Log Out

Terrace Security

1250

1220

1230

1240

Fig. 12



1310

## Terrace Security Corporation

Online Applications Management Console

1310

Logged In: Borgman, Steve

### Client Admin

Client Name	Contact Name	Phone	Email
● MetroNational	Jeff Jarvis	718-207-4400 x7184	jjarvis@first
	Properties	property 1, new property- edited	new property 3- edited
○ General Growth Partners	First Name	555-555-5555	first@first
	Properties	Memorial City Mall, Deerbrook Mall, Property 3	
○ GMH Capital	Properties		

Edit Selected Client >> Delete Selected Client

-OR-

1320

1330

Add New Client

1340

Fig. 13



## Terrace Security Corporation Online Applications Management Console

Logged In: Borgman, Steve

### User Admin

	Last Name	First Name	User ID	Admin
<input checked="" type="radio"/>	Borgman	Steve	steve	Yes
<input type="radio"/>	Hays	Wayne	wayne	Yes
<input type="radio"/>	Madison	Carmen	carm	Yes
<input type="radio"/>	Marcis	Doug	doug	Yes
<input type="radio"/>	Michaels	Bob	bob	Yes
<input type="radio"/>	Vanderbilt	Arthur	arthur	Yes
<input type="radio"/>	Waggoner	Ian	ian	Yes

[Edit Selected User >>](#)

[Delete Selected User >>](#)

-OR-

[Add New User >>](#)

1420 1430 1440

Fig. 14

## Terrace Security Corporation

Officer Console

Logged In: Neely, Bernard

## Incident Report

Terrace Security

Incident Code/Type  
1605 - Aggravated RobberyTSC Case #  
8

Location

HPD Case #

A:

C:

Date/Time Reported

12 / 30 / 2000 12 : 00 AM C PM

Date/Time Occurred

12 / 30 / 2000 12 : 00 AM C PM

Clock In/Out  
Enter Events  
View DAR  
Submit DAR

Log Out

HFD Unit #

What Hospital

Paramedic's Name

Identifying Information #1

Last Name

First Name

MI

 SU  C  W

Residence Phone

Business Phone

DOB

12 / 30 /

Address

SSN

DL

Employer

Department/Property

Suspect  
is MinorParent/Guardian  
Notified

By Whom

Name of Notified

Time

 Yes  No  Yes  No

12 : 00

Identifying Information #2

Last Name

First Name

MI

 SU  C  W

Residence Phone

Business Phone

DOB

12 / 30 /

Address

SSN

DL

Employer

Department/Property

Suspect  
is MinorParent/Guardian  
Notified

By Whom

Name of Notified

Time

 Yes  No  Yes  No

12 : 00

Identifying Information #3

Last Name

First Name

MI

 SU  C  W

Residence Phone

Business Phone

DOB

12 / 30 /

Address

SSN

DL

Employer

Department/Property

Fig. 15A

Suspect is Minor	Parent/Guardian Notified	By Whom	Name of Notified	Time							
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	[ ]	[ ]	[12] : [00]							
Vehicle Info #1		Vehicle Info #2		Vehicle Info #3							
<input checked="" type="radio"/> SU	<input type="radio"/> C	<input checked="" type="radio"/> C	<input type="radio"/> W	<input checked="" type="radio"/> SU	<input type="radio"/> C	<input checked="" type="radio"/> C	<input type="radio"/> W	<input checked="" type="radio"/> SU	<input type="radio"/> C	<input checked="" type="radio"/> C	<input type="radio"/> C
Year	Towed	Year	Towed	Year	Towed						
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]						
Make	Make	Make									
[ ]	[ ]	[ ]									
Model	Model	Model									
[ ]	[ ]	[ ]									
Color	Color	Color									
[ ]	[ ]	[ ]									
License Plate #	License Plate #	License Plate #									
[ ]	[ ]	[ ]									
VIN	VIN	VIN									
[ ]	[ ]	[ ]									

**NARRATIVE**

Write a summary of the incident, answering the questions Who, What, When, Where &amp; Why.

**FOLLOW-UP**

Date	Time	By Whom
[12] / [30] / [2000]	[12] : [00]	<input checked="" type="radio"/> AM <input type="radio"/> PM
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>		

**submit**

Fig. 15B

# Terrace Security Corporation

Officer Console

## Incident Investigation Report

TSC Case #

### I. GENERAL INFORMATION

Date of Incident: 01  / 01  / 2000  Time of Incident: 01  : 01  am  pm  Day Of Week: Monday

Date Reported to You: 01  / 01  / 2000  Time Reported to You: 01  : 01  am  pm  By Whom:

Property  
Name &  
Location:

Clock In / Out  
Enter Events  
View DAB  
Submit IAR  
Log In

### Specific Location of Incident:

describe all identifying factors of exact place of incident: measurements, directions, etc.)

### II. THE COMPLAINANT - Check one: Tenant Visitor Contractor Employee : Complete Sections I, II, VII & IX

Last Name:  First Name:  Male  Female   
Address:  SSN:

State:  Zip:  Phone #: (  )

#### Physical Disabilities:

Age:  Height:  Weight:   
Pregnant?  Yes  No  If yes, how many months

Does Complainant wear glasses?  Yes  No  If yes, what kind   
Place of Employment:   
Address:

State:  Zip:  Phone #: (  )   
City:

Fig. 16 A

Terrace Security Activity Log

Driver's License #  State:  Date of Expiration:  /  /  2000   
Vehicle Description:   
Vehicle Insurance?:  Yes  No Insurance Company:   
Policy #:

Policy Holder:

**III. FIRST AID** (Treatment Rendered to stabilize Complainant)

Offered  Not Offered- why?

Offer  By whom; why?

Declined

Taken  Hospital Name?

Taken by:  Ambulance  HFD Unit #

Paramedic's Name:

Self  Other, Explain:

Taken at Whose Request?  Complainant  Other, Explain:

Emergency Contact Notified?  Yes  No  N/A Name of Contact:

**IV. CONDITION OF THE COMPLAINANT** (For SLIP/FALL INCIDENT Only)

Fig. 16 B

## Terrace Security Activity Log

### A. BEFORE the Incident

Carrying anything?  Yes  No If yes, what was being carried? \_\_\_\_\_

### B. AFTER the Incident

Describe any visible injury or damage to clothing

Complainant's description to any injury and where on their body it's located

Describe Complainant's reaction to the incident

Describe shoes worn by Complainant

Sole materials:  Leather  Rubber  Vinyl  Wood  Other-describe \_\_\_\_\_

Describe heels (height, material, condition):  
\_\_\_\_\_

Overall condition of shoes:  Good  Average  Poor

### V. INCIDENT INVOLVING MINORS

Was the minor accompanied by anyone at the time of the incident?  Yes  No If yes, who?

Relationship to Minor  
\_\_\_\_\_

If unaccompanied, was someone responsible for the minor?  Yes  No If yes, who?

Relationship to Minor  
\_\_\_\_\_

Where was this person at the time of the incident?  
\_\_\_\_\_

### VI. INCIDENT DESCRIPTION

Fig. 16C

Complainant's detailed description of how the incident occurred (what does the Complainant feel caused the incident?). If the Complainant is unable to tell you what happened, reconstruct as much as you can from physical evidence or witnesses - do not assume any facts about the incident.



#### A. Description of the Incident Site

##### 1. Type of Walkway

- Floor     Stairway     Ramp     Street     Escalator     Parking Lot     Other - describe \_\_\_\_\_

##### 2. Surface material:

- Carpet     Vinyl tile     Ceramic tile     Terrazzo     Marble     Quarry Tile     Rug  
 Grass     Concrete     Asphalt     Gravel     Metal     Dirt     Other - describe \_\_\_\_\_

##### 3. Foreign substance present? (soda, water, ice, snow, etc.)

Yes     Yes     No  
 What does substance appear to be?

##### Describe substance: Color

Odor

Amount

Spill pattern

##### Describe: Texture

(oily, gritty, bubbly, etc.) Consistency \_\_\_\_\_  
 (melted, crushed, solid, etc.)

##### 4. Skid/streak marks? Yes    No    Substance on shoes or clothing? Yes    No

How did substance come to be on the floor?

##### 5. Any other object involved? Yes    No    If yes, describe object/composition

##### Location of object

##### Reason for location of object

Anything unusual about object?

B. Unusual Surface Conditions Present? Yes     No    If yes, describe nature of condition  
 (broken, unstable, not in usual place, etc.)

Fig. 16D

## Terrace Security Activity Log

Dimensions \_\_\_\_\_ Debis present?  Yes  No If yes, describe \_\_\_\_\_

### C. Lighting Conditions

1.  Natural  Artificial - describe

(type of bulb, etc.)

2. Does the complainant feel that lighting was a contributing factor in causing the incident?  Yes  No If yes, explain \_\_\_\_\_

### D. Weather Conditions

Describe outdoor weather, even if incident was inside  
(cloudy, sunny, snowing, raining, etc.)

## VII. PHOTOGRAPHS

Were photos taken?  Yes  No How many?

By whom?

Date & Time Taken \_\_\_\_\_

Where are photos stored?

## VIII. WITNESSES

Ask the following questions to each person at or near the incident scene. Include all people who might have seen the complainant or the scene shortly before, during or just after the incident.

A.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone # \_\_\_\_\_  
What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

Describe any conversation this Witness had with the Complainant

Fig. 16 E

Terrace Security Activity Log

[Redacted]

What was this person's involvement with the incident?

B. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Phone # \_\_\_\_\_  
What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

[Redacted]  
Describe any conversation this Witness had with the Complainant

C. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Phone # \_\_\_\_\_  
What was this person's involvement with the incident?

His/her location at the time of the incident?

Describe in detail exactly what he/she said

[Redacted]  
Describe any conversation this Witness had with the Complainant

[Redacted]

[Redacted]

Fig. 16 F

**IX. EMPLOYEE INCIDENT**

Department \_\_\_\_\_

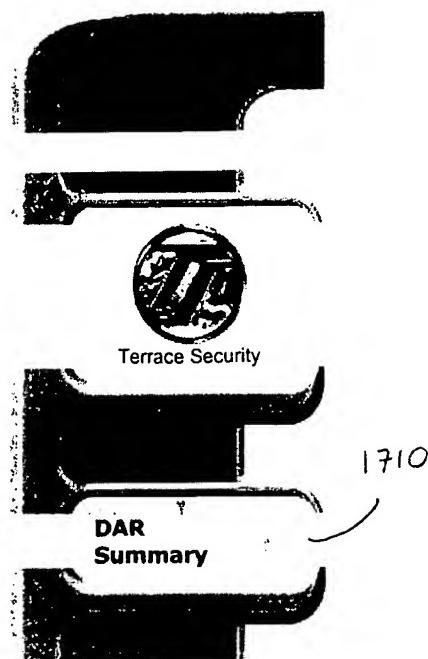
Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Type of incident:  Injury  Vehicle  Property Damage

Type of injury \_\_\_\_\_

Fig. 16G



## Terrace Security Corporation

Secured Reporting Console

Please enter your UserID and password to continue:

UserID

Password

1720

1730

1740

Fig. 17

DAR  
Summary

Log Out

## Terrace Security Corporation

Secured Reporting Console

Logged In: Madison, Carmen

## Daily Activity Report

Guard	1820	Property	1830	Date	1840
--All--	▼	--All--	▼	12/20/2000	▼
Event Code	1850				
--All--	▼				

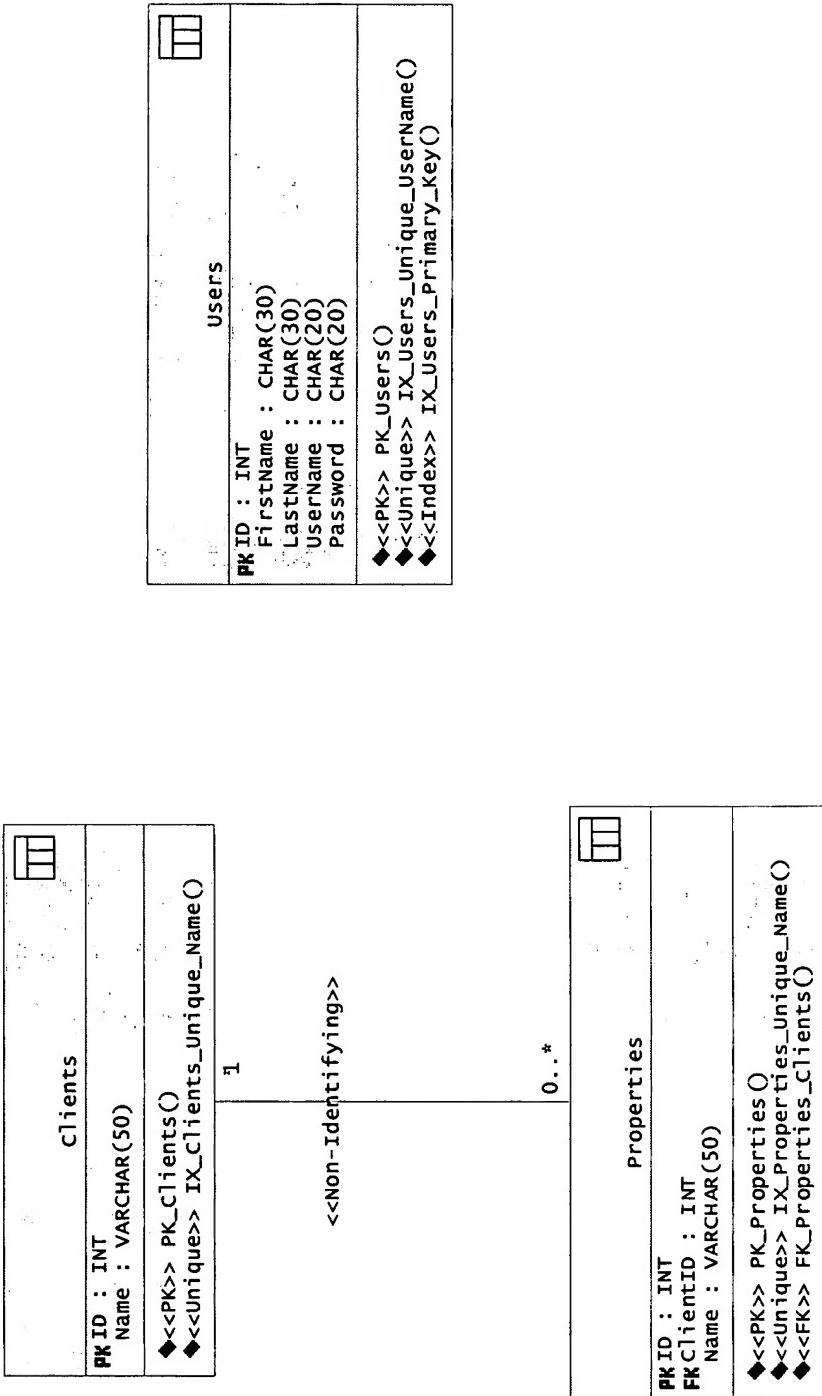
Show

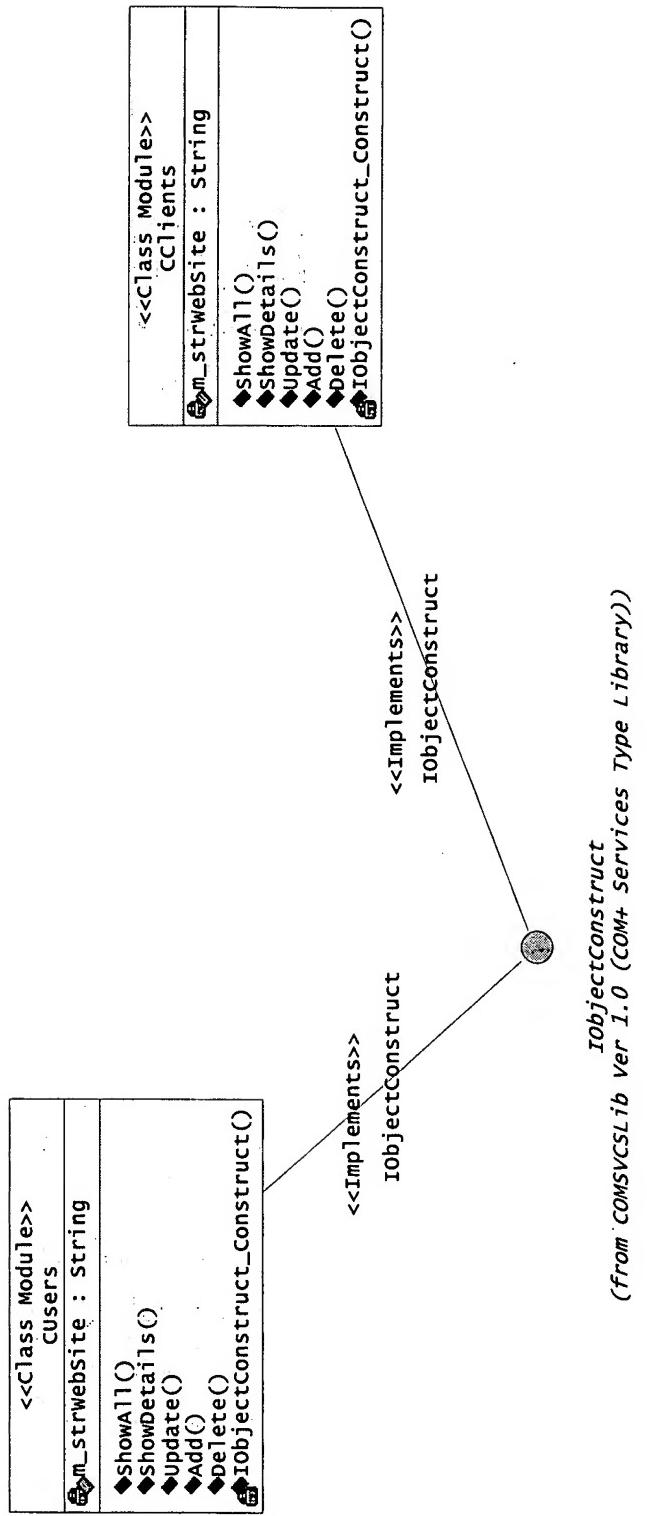
1860

Fig. 18

Database Diagram

Fig. 19A

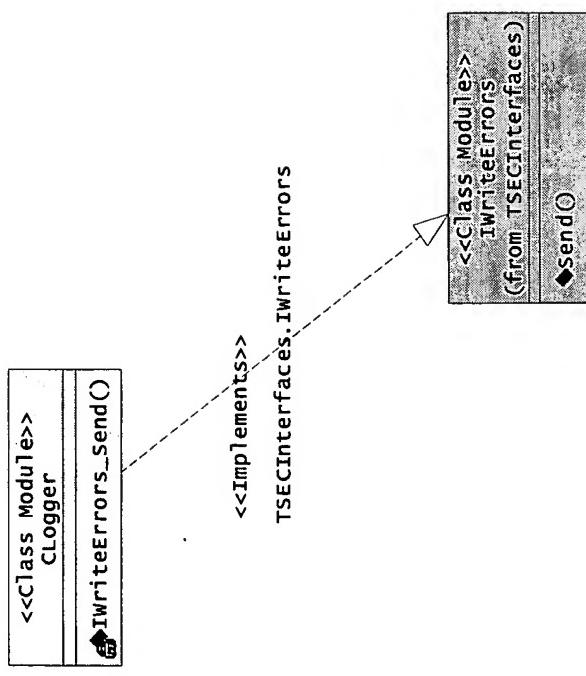




(from COMSVCSLib Ver 1.0 (COM+ services type Library))

## Error Logging

Fig. 19C



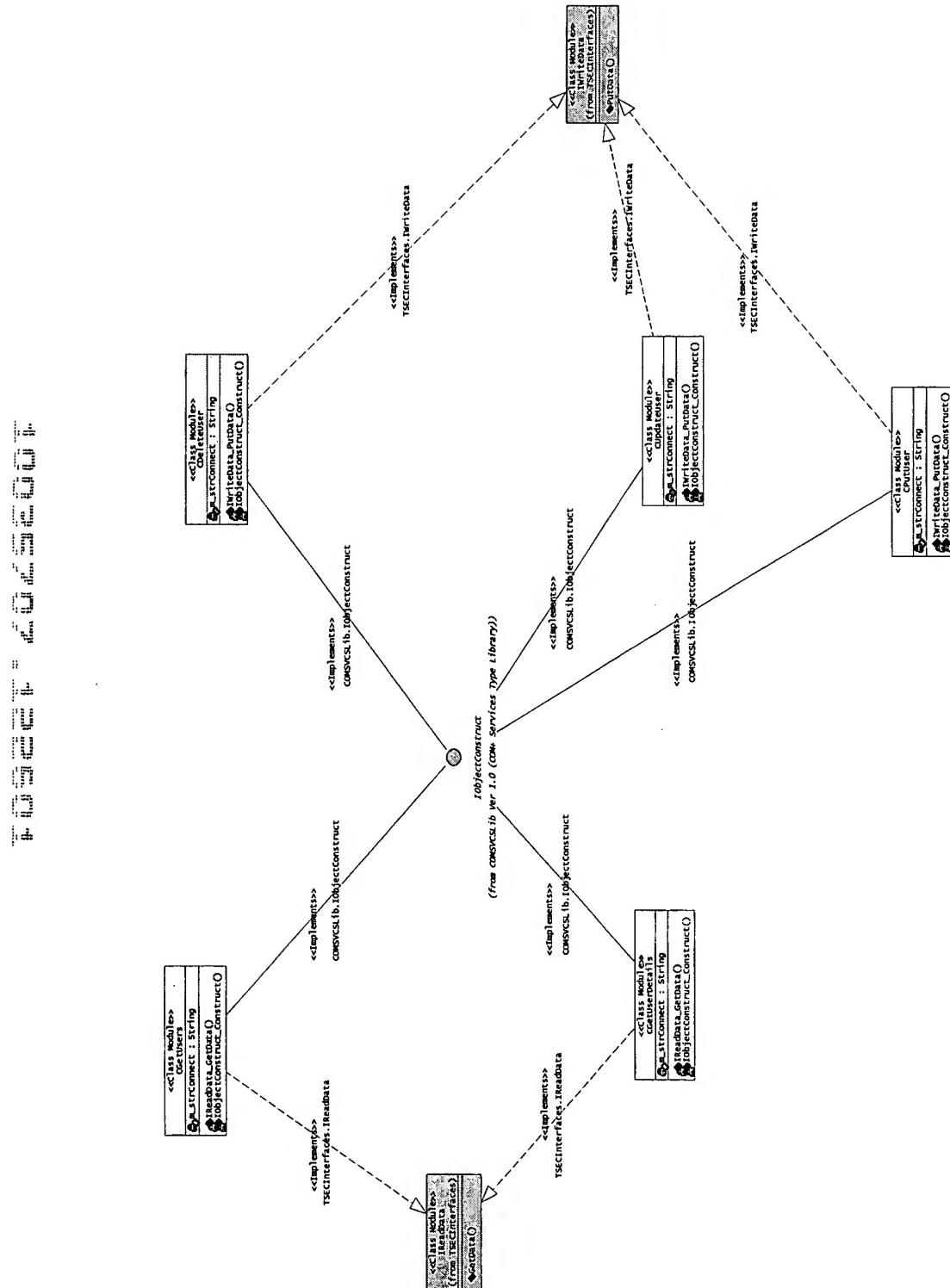
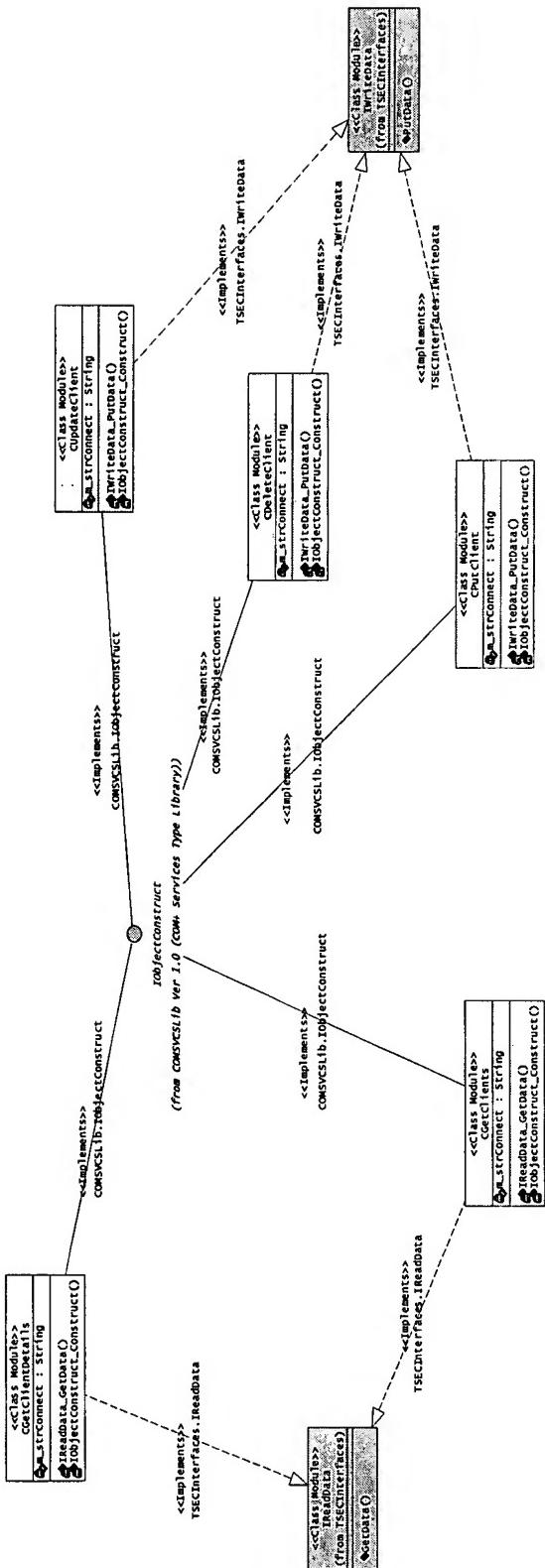


Fig. 19D

User Data Services

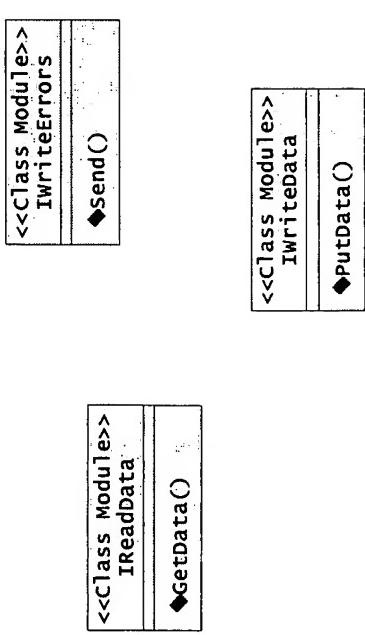


Client Data Services

Fig. 19 E

Fig. 19F

Interfaces & Event Classes



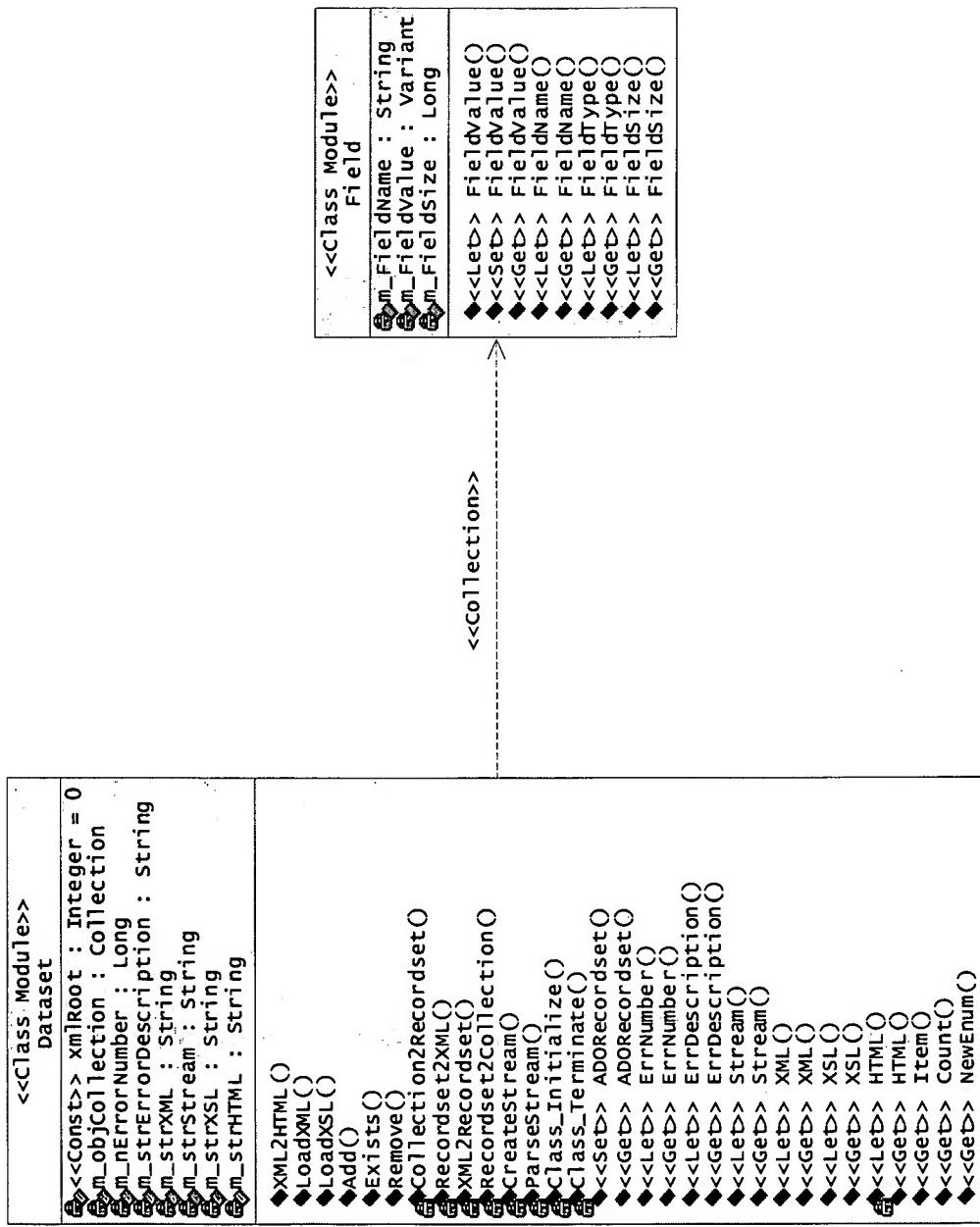
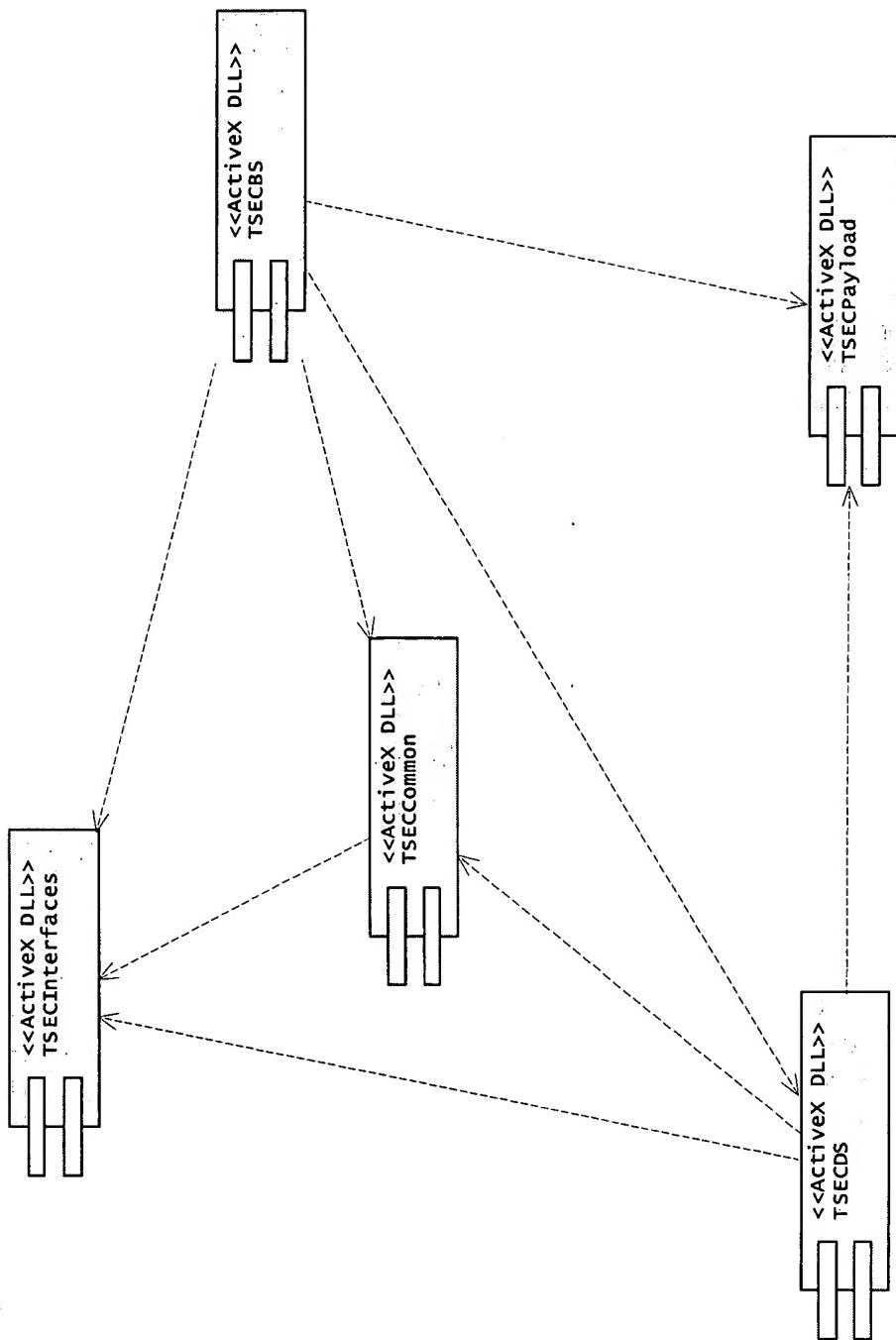


Fig. 196

DNA Payload

Fig. 19H

Component Diagram



**Benchmark**

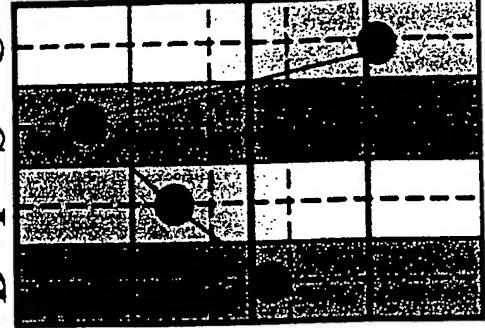
D I S C



Day Security

**Anthony Dudley**

D I S C



Day Security

**Benchmark**

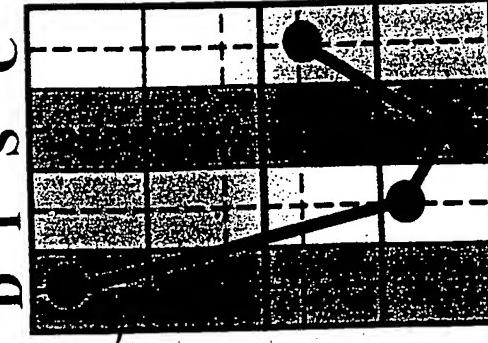
D I S C



Night Security

**Eddie Green**

D I S C



Night Security

Fig. 20